

Lump Sum Supplemental Compensation for Earned and Unused Sick Leave for Retirees

INSTRUCTIONS: Before completing this form, see NJAC4A:6-3.(1 through 4) concerning SCOR.

1. NAME OF EMPLOYEE (Print or Type)		2. DEPARTMENT OR AGENCY	
3. SIGNATURE OF EMPLOYEE Date: _____		4. SOCIAL SECURITY NUMBER	
5. PRESENT MAILING ADDRESS (Street, City, State, Zip Code) _____ _____		6. EMPLOYEE'S TITLE AT RETIREMENT <input type="checkbox"/> Career <input type="checkbox"/> Senior Executive <input type="checkbox"/> Unclassified <input type="checkbox"/> Full Time <input type="checkbox"/> PartTime _____ %	
7. Salary at time of retirement	8. Effective date of Retirement:		
9. Name of Employee's Pension System: <input type="checkbox"/> PERS <input type="checkbox"/> PFRS <input type="checkbox"/> Other: _____ <input type="checkbox"/> TPAF PENSION NUMBER: _____		10. DATES OF EMPLOYMENT from: _____ to: _____ ● Leaves without pay; list dates, if any: from: _____ to: _____ from: _____ to: _____	
11. TOTAL AVERAGE ANNUAL COMPENSATION (Base salary during last 261 paid payroll days or 217 days for 10 month employees, counting back from effective date of retirement). Be sure to exclude any unpaid leaves.			
TITLE		PERIOD (Day Month, Year)	
		Number of Payroll Days X Daily Rate = Amount	
		from: _____ to: _____	\$ _____
		from: _____ to: _____	\$ _____
		from: _____ to: _____	\$ _____
		from: _____ to: _____	\$ _____
		from: _____ to: _____	\$ _____
		Total Days: <input type="checkbox"/> 261 or <input type="checkbox"/> 217	Total Compensation \$ _____
12. AVERAGE DAILY RATE DURING LAST FULL YEAR OF EMPLOYMENT: A. For 12-month employees divide total compensation (Item 11) by 261. \$ _____ B. For 10-month employees divide total compensation (Item 11) by 217. \$ _____		13. UNUSED SICK LEAVE (When converting hours to days, round out figures to nearest quarter of day) A. Balance thru December 31, _____ (Prior Year) B. Earned calendar year _____ to effective date of retirement (Employees earn 1.25 days per month) C. Total sick days accrued (A+B) D. Used calendar year _____ to effective date of retirement E. Balance of sick leave at retirement (C minus D)	
		DAYS	14. AMOUNT (Item 13E X Item 12 divided by 2) <div style="border: 2px solid black; padding: 10px; text-align: center; font-size: 24px;">\$ _____</div> NOTE: Total payment not to exceed \$15,000.
15. Sick leave information for UNCLASSIFIED service or any periods served in unclassified service. Please attach sick leave time records for last 5 years for unclassified service.			
A. Was there a fixed number of days an employee could earn and be credited each year? <input type="checkbox"/> YES: <input type="checkbox"/> NO How many? _____ ▶ Explain how this amount was determined on reverse side.		D. Give dates for which sick leave records were maintained and are available (Indicate month, day and year). From: _____ To: _____ From: _____ To: _____	
B. Was sick leave recorded in the same manner for all full time employees? ▶ Explain how recorded on reverse side. <input type="checkbox"/> YES <input type="checkbox"/> NO		E. On reemployment, did former employee regain sick leave outstanding at the time of separation? <input type="checkbox"/> YES (If YES, were there any limitations?) <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO ▶ If Yes, describe limitations on reverse side.	
C. Are records concerning use of sick leave maintained? ▶ Explain how maintained on reverse side. <input type="checkbox"/> YES <input type="checkbox"/> NO		F. Has this employee or employees in these class titles, received types or amounts of leave that classified employees did not receive? <input type="checkbox"/> YES <input type="checkbox"/> NO	
16 ● I CERTIFY that all statements on this application are true and correct to the best of my knowledge and belief under penalty of perjury.			
▶ Signature of Appointing Authority _____		Date: _____	
17. APPROVAL: Department of Personnel Signature: _____ Date: _____		Submit completed form along with pension approval letter to: Dept. of Personnel Compensation/SCOR Unit P.O. Box 314 Trenton, NJ 08625	